

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE	*	BKRTCY. NO. 18-05788 ESL
VARGAS MOLINA, ALBERT	*	CHAPTER 13
xxx-xx-4555	*	
<u>DEBTOR</u>		

DEBTOR'S NOTICE OF FILING OF AMENDED SCHEDULES "I" and "J"
OFFICIAL FORMS 106I & 106J

TO THE HONORABLE COURT:

COMES NOW, ALBERT VARGAS MOLINA, the Debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

1.The Debtor is hereby submitting *Amended Schedules "I" and "J"*, dated September 22, 2020, herewith and attached to this motion.

2.The *Amended Schedule "I"* is amended to inform the Debtor's actual household income, specifically to reflect that the Debtor's non-filing spouse's income was substantially reduced, and the *Amended Schedule "J"* is filed to disclose the Debtor's actual monthly household expenses, in the above captioned case.

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and to all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the Debtor and to all creditors and interested parties appearing in the master address list (CM/ECF non-participants), hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 22nd day of September, 2020.

/s/Roberto Figueroa Carrasquillo
USDC #203614
RFIGUEROA CARRASQUILLO LAW OFFICE PSC
ATTORNEY FOR the DEBTOR
PO BOX 186 CAGUAS PR 00726
TEL NO 787-744-7699 787-963-7699
FAX 787-746-5294
Email: rfc@rfigueroalaw.com

Fill in this information to identify your case:

Debtor 1 ALBERT VARGAS MOLINA

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number 3:18-bk-5788
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
<p>1. Fill in your employment information.</p> <p>If you have more than one job, attach a separate page with information about additional employers.</p> <p>Include part-time, seasonal, or self-employed work.</p> <p>Occupation may include student or homemaker, if it applies.</p>	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation	<u>Administrative Assistant II</u>	<u>Social Worker I</u>
	Employer's name	<u>Corp del Fondo del Seguro del Estado</u>	<u>Departamento de la Familia</u>
	Employer's address	<u>PO Box 365028 San Juan, PR 00936-5028</u>	<u>Edif Lila Mayoral Ave Barbosa #306 San Juan, PR 00902</u>
	How long employed there?	<u>20 years</u>	<u>1 months</u>

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>3,890.00</u>	\$ <u>2,370.00</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>3,890.00</u>	\$ <u>2,370.00</u>

Copy line 4 here

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ 3,890.00	\$ 2,370.00

5. List all payroll deductions:

- 5a. Tax, Medicare, and Social Security deductions
 5b. Mandatory contributions for retirement plans
 5c. Voluntary contributions for retirement plans
 5d. Required repayments of retirement fund loans
 5e. Insurance
 5f. Domestic support obligations
 5g. Union dues
 5h. Other deductions. Specify: **Retiro**

5a.	\$ 398.84	\$ 96.06
5b.	\$ 0.00	\$ 0.00
5c.	\$ 0.00	\$ 0.00
5d.	\$ 0.00	\$ 0.00
5e.	\$ 0.00	\$ 0.00
5f.	\$ 0.00	\$ 0.00
5g.	\$ 0.00	\$ 0.00
5h.+	\$ 661.32	\$ 0.00
	\$ 0.00	\$ 0.00
	\$ 23.58	\$ 0.00
	\$ 116.70	\$ 0.00
	\$ 9.72	\$ 0.00
	\$ 0.00	\$ 0.00
	\$ 1,404.12	\$ 0.00
	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 146.94
	\$ 0.00	\$ 201.46
	\$ 0.00	\$ 12.50
	\$ 0.00	\$ 287.26
	\$ 0.00	\$ 24.00
	\$ 0.00	\$ 73.30
	\$ 0.00	\$ 71.10

Coop A/C CFSE

Seguro AEELA

Aport Emp Cta Ahor AEELA

Aport Seg p/Incap Compu

Prest Asoc Empl Ela

Asume

Dep de Hacienda

Fed OASDI/Disability-EE

GPR Plan Aport Definidas

SI-Seg Incap Obligatorio

AE-Asoc Emp ELA Prest Regular

SM First Medical Health Plan

SC-USIC Life Ins Co

Ahorros AEELA

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6.	\$ 2,614.28	\$ 912.62
----	--------------------	------------------

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7.	\$ 1,275.72	\$ 1,457.38
----	--------------------	--------------------

8. List all other income regularly received:

- 8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a.	\$ 0.00	\$ 0.00
-----	----------------	----------------

- 8b. Interest and dividends

8b.	\$ 0.00	\$ 0.00
-----	----------------	----------------

- 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c.	\$ 0.00	\$ 0.00
-----	----------------	----------------

- 8d. Unemployment compensation

8d.	\$ 0.00	\$ 0.00
-----	----------------	----------------

- 8e. Social Security

8e.	\$ 0.00	\$ 0.00
-----	----------------	----------------

- 8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify:

8f.	\$ 0.00	\$ 0.00
-----	----------------	----------------

- 8g. Pension or retirement income

8g.	\$ 0.00	\$ 0.00
-----	----------------	----------------

- 8h. Other monthly income. Specify: **Christmas Bonus (\$600/yr/\$554.10/net)**

8h.+	\$ 46.18	\$ 0.00
------	-----------------	----------------

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9.	\$ 46.18	\$ 0.00
----	-----------------	----------------

10. Calculate monthly income. Add line 7 + line 9.

10.	\$ 1,321.90	+	\$ 1,457.38	=	\$ 2,779.28
-----	--------------------	---	--------------------	---	--------------------

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: 11. +\$ **0.00**

Debtor 1 VARGAS MOLINA, ALBERT

Case number (if known) 3:18-bk-5788

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ 2,779.28

Combined
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.

☐ Yes. Explain:

Fill in this information to identify your case:

Debtor 1 ALBERT VARGAS MOLINA

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN
DIVISION

Case number 3:18-bk-5788
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Daughter</u>	<u>21</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<u>Son</u>	<u>19</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Daughter</u>	<u>18</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Son</u>	<u>13</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>WIFE</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Baby-on-way</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Stepdaughter</u>	<u>13</u>	<input checked="" type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 725.00

If not included in line 4:

Debtor 1 **VARGAS MOLINA, ALBERT**

Case number (if known) **3:18-bk-5788**

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues
- 5. **Additional mortgage payments for your residence**, such as home equity loans

4a. \$	<u>0.00</u>
4b. \$	<u>0.00</u>
4c. \$	<u>65.00</u>
4d. \$	<u>0.00</u>
5. \$	<u>0.00</u>

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>150.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>60.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>270.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>725.00</u>
8. Childcare and children's education costs	8. \$ <u>140.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>80.00</u>
10. Personal care products and services	10. \$ <u>115.00</u>
11. Medical and dental expenses	11. \$ <u>28.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>177.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>39.28</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>0.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: _____	21. +\$ <u>0.00</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>2,574.28</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>2,574.28</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>2,779.28</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>2,574.28</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>205.00</u>

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here: _____

Fill in this information to identify your case:

Debtor 1 ALBERT VARGAS MOLINA
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number 3:18-bk-5788
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

ALBERT VARGAS MOLINA
Signature of Debtor 1

Date September 22, 2020

X

Signature of Debtor 2

Date _____

Label Matrix for local noticing
0104-3
Case 18-05788-ESL13
District of Puerto Rico
Old San Juan
Tue Sep 22 13:29:43 AST 2020

Chase Bank USA, N.A.
c/o Robertson, Anschutz & Schneid, P.L.
6409 Congress Avenue, Suite 100
Boca Raton, FL 33487-2853

DEPARTMENT OF TREASURY
BANKRUPTCY SECTION 424 B
PO BOX 9024140
SAN JUAN, PR 00902-4140

Departamento de Hacienda
PO Box 9024140
San Juan, PR 00902-4140

Fondo Coop
PO Box 42006
San Juan, PR 00940-2206

Synco/tjx Cos
PO Box 965015
Orlando, FL 32896-5015

MONSITA LECAROS ARRIBAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901

US Bankruptcy Court District of P.R.
Jose V Toledo Fed Bldg & US Courthouse
300 Recinto Sur Street, Room 109
San Juan, PR 00901-1964

(p)JPMORGAN CHASE BANK N A
BANKRUPTCY MAIL INTAKE TEAM
700 KANSAS LANE FLOOR 01
MONROE LA 71203-4774

DTOP
PO Box 41269 Minillas Station
San Juan, PR 00940-1269

Discover Bank
Discover Products Inc
PO Box 3025
New Albany, OH 43054-3025

(p)PORTFOLIO RECOVERY ASSOCIATES LLC
PO BOX 41067
NORFOLK VA 23541-1067

ALBERT VARGAS MOLINA
URB LOS AIRES SERENOS 159 HELIO ST
ARECIBO, PR 00612

ROBERTO FIGUEROA CARRASQUILLO
PO BOX 186
CAGUAS, PR 00726-0186

AEELA
PO Box 364508
San Juan, PR 00936-4508

Cornerstone
PO Box 61047
Harrisburg, PA 17106-1047

Departamento de Hacienda
Bankruptcy Section
235 Ave Arterial Hostos Ste 1504
San Juan, PR 00918-1451

Discover Fin Svcs LLC
PO Box 15316
Wilmington, DE 19850-5316

Synco/Sams Club
PO Box 965005
Orlando, FL 32896-5005

JOSE RAMON CARRION MORALES
PO BOX 9023884
SAN JUAN, PR 00902-3884

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Chase Card
PO Box 15298
Wilmington, DE 19850-5298

Portfolio Recovery Associates, LLC
POB 12914
Norfolk VA 23541

End of Label Matrix	
Mailable recipients	19
Bypassed recipients	0
Total	19